

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF GENERAL SERVICES



**Addendum No. 1**  
**To**  
**REQUEST FOR PROPOSALS NO. DCAM-21-CS-RFP-0019**  
**DESIGN-BUILD SERVICES**  
**FOR**  
**SCHOOL WITHOUT WALLS AT FRANCIS STEVENS EDUCATION CAMPUS**

**Issued: November 8, 2021**

This Addendum No. 1 is issued and hereby published on the DGS website and effective as of the date shown above. Except as modified hereby, the Request for Proposals (“RFP”) remains unmodified.

**Item No. 1:** The Business Cards from the Pre-Proposal Conference Call held on November 5, 2021, are hereby attached as **(Exhibit 1)**.

**Item No. 2:** The Sign-In Sheet from the site visit held on November 5, 2021, at School Without Walls at Francis Stevens Education Campus is hereby attached as **(Exhibit 2)**.

**Item No. 3:** The Due Date for Proposals on the cover page of the RFP is hereby revised as **November 30, 2021, at 2:00 P.M.**

**Item No. 4:** Section 4.2 of the RFP is hereby revised as follows:

**4.2 Subcontracting Plan**

An Offeror responding to this RFP which is obligated to subcontract shall be required to submit with its Proposal, any subcontracting plan required by law. Offeror’s responding to this RFP shall be deemed nonresponsive and shall be rejected if the Offeror fails to submit a subcontracting plan that is required by law. If the Agreement is in excess of \$250,000, at least 35% of the dollar volume of the Agreement shall be subcontracted in accordance with **(Attachment I)**.

**4.2.1 Mandatory Subcontracting Plan and Requirements.**

**4.2.1.1** Unless the Director of the DSLBD has approved a waiver in writing, in accordance with D.C. Official Code § 2- 218.51, for all contracts in excess of \$250,000, at least 35% of the dollar volume of the contract shall be subcontracted to qualified small business enterprises (SBEs).

**4.2.1.2** If there are insufficient SBEs to completely fulfill the requirement of paragraph 4.2.1.1, then the subcontracting may be satisfied by subcontracting 35% of the dollar volume to any qualified certified business enterprises (CBEs); provided, however, that all reasonable efforts shall be made to ensure that SBEs are significant participants in the overall subcontracting work.

**4.2.1.3** A prime CMAR Contractor that is certified by DSLBD as a small, local or disadvantaged business enterprise shall not be required to comply with the provisions of Sections 4.2.1.1 and 4.2.1.2.

**Item No. 5:** The revised SBE Subcontracting Plan for 35% is hereby attached as **(Exhibit 3)**.

By: *Eric Njonjo*  
Eric Njonjo  
Contracting Officer

Date: 11/8/2021

**EXHIBIT 1**

**The Business Cards from the Pre-Proposal Conference Call held on November 5, 2021,**

**[EXHIBIT WILL APPEAR ON THE FOLLOWING PAGE]**

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**Sumi Sarin**

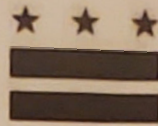
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**EXHIBIT 2**

**The Sign-In Sheet from the site visit held on November 5, 2021**

**[EXHIBIT WILL APPEAR ON THE FOLLOWING PAGE]**

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF GENERAL SERVICES



DESIGN BUILD SERVICES  
FOR  
Design-Build Services For School Without Walls at Franis Stevens Education Campus  
2425 N St NW, Washington, DC 20037

Site Visit Attendance Sheet

November 5, 2021 at 2:00 P.M

No.	Name	Company	Signature
1	ANDY DOYLE	MCN BUILD	
2	Zeinab Fraidy	Citadel Architecte	
3	MARY R. RANKIN	PERKINS EASTMAN DC	
4	KRISTINA VIDAL	PERKINS EASTMAN DC	
5	GREG MCHUGH	GCS SIGAL GRIFFIN	
6	PAUL LUND	Hord Coplan Macht	
7	SUSAN CASTELLAN	WT	
8	Randy Wong	QUINN EVANS	
9	JORDAN GARREN	QUINN EVANS	
10	JOE SWANSON	TURNER	





**DESIGN BUILD SERVICES  
FOR**

**Design-Build Services For School Without Walls at Franis Stevens Education Campus  
2425 N St NW, Washington, DC 20037**

**Site Visit Attendance Sheet**

**November 5, 2021 at 2:00 P.M**

No.	Name	Company	Signature
11	Hallie Burdin	Turner Const	<i>H Burdin</i>
12	Joe Sandor	AMT LLC	<i>[Signature]</i>
13	HAMIDA Ali Malow	CHIARAMONTE	<i>[Signature]</i>
14	SUSAN MOORE	GILBANE	<i>[Signature]</i>
15	Bob Akers	Gilbane	<i>[Signature]</i>
16	Rhonda Dahlkemper	Sage Studio	<i>[Signature]</i>
17	DON GREGORY	CS	<i>[Signature]</i>
18	Jacquelyn Glover	Delon Hampton	<i>[Signature]</i>
19	Meral Kanik	Gilbane	<i>[Signature]</i>
20	Camilo Bearman	DFP	<i>[Signature]</i>

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FOR

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Site Visit Attendance Sheet

November 5, 2021 at 2:00 P.M

No.	Name	Company	Signature
21	SPO LEVINAS	SHIN BEEG LEVINAS DBA	
22	Hunter Athens	DLR Group	
23	KIMMIE BAILON	DLR GROUP	
24	Baboucar Cham	Coakley Williams Const	
25	Brian Gruetzmacher	VMDO	
26	Kristen Hill	VMDO	
27	EMMA LIVERBERRY	NEWMAN ARCHITECTS	
28	Phil Muller	GCS/SI/OM	
29	Swen Gosine	GES	
30	Abdullah Ayazi	GES	



DESIGN BUILD SERVICES  
FOR

Design-Build Services For School Without Walls at Franis Stevens Education Campus  
2425 N St NW, Washington, DC 20037

Site Visit Attendance Sheet

November 5, 2021 at 2:00 P.M

No.	Name	Company	Signature
31	Burt Jackson	DGS	
32	Charlotte Boyer	DGS	
33	Amendheshe	WhitbyTune Amendheshe	
34	Jason Saunders	BHI	
35	Jocelyn Battle	Cookley Williams	Jocelyn Battle
36	Jon Fitch	LABJ	
37	Ben Mantalban	Setty	
38	Frank Lefler	MCN	
39	BRETT CONKLIN	AMT	
40	STEVEN OLLANSKY	NEWMAN	
41	Matt Byrne	MCN	

**EXHIBIT 3**

**SBE Subcontracting Plan**

**[EXHIBIT WILL APPEAR ON THE FOLLOWING PAGE]**



## SBE SUBCONTRACTING PLAN

**INSTRUCTIONS:** All construction & non-construction contracts for **government-assisted projects (agency contracts & private project with District subsidy)** over \$250,000, shall require at least 35% of the amount of the contract (total amount of agency contract or total private project development costs) be subcontracted to Small Business Enterprises (SBE), if insufficient qualified SBEs to Certified Business Enterprises (CBE). The SBE Subcontracting Plan must list all SBE and CBE subcontracts at every tier. Once the SBE Subcontracting Plan is submitted for agency contracts, options & extensions, it can only be amended with DSLBD's consent.

**SUBMISSION OF SBE SUBCONTRACTING PLAN:**

- ▲ For **agency** solicitations - submit to agency with bid/proposal.
- ▲ For **agency** options & extensions - submit to agency before option or extension exercised.
- ▲ For **private projects** - submit to DSLBD, agency project manager and District of Columbia Auditor, with each quarterly report. As private projects may not have awarded all contracts at the time the District subsidy is granted, the SBE Subcontracting Plan may be submitted simultaneously with each quarterly report and list all SBE/CBE subcontracts executed by the time of submission.

**CREDIT:** For each subcontract listed on the SBE Subcontracting Plan, credit will only be given for the portion of the subcontract performed, at every tier, by a SBE/CBE using *its own organization and resources*. **COPIES OF EACH FULLY EXECUTED SUBCONTRACT WITH SBEs and CBEs (AT EVERY TIER) MUST BE PROVIDED TO RECEIVE CREDIT.**

**EXEMPTION:** If the **Beneficiary (Prime Contractor or Developer)** is a CBE and will perform the ENTIRE **government-assisted project** with its *own organization and resources* and will NOT subcontract any portion of the services and goods, then the CBE is not required to subcontract 35% to SBEs.

**BENEFICIARY (✓ which applies  Prime Contractor or  Developer) INFORMATION:**

Company: \_\_\_\_\_ Contact # \_\_\_\_\_ Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_

✓ all that applies, Company is:

- a SBE     a CBE     CBE Certification Number: \_\_\_\_\_
- WILL perform the ENTIRE agency contract or private project with its own organization and resources
- WILL subcontract a portion of the agency contract or private project

Company's point of contact for agency contract or private project:

Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact # \_\_\_\_\_ Email address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

**GOVERNMENT-ASSISTED PROJECT (✓ which applies  Agency Contract or  Private Project) INFORMATION:**

**AGENCY SOLICITATION**

Solicitation Number \_\_\_\_\_  
 Solicitation Due Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Total Dollar Amount of Contract: \$ \_\_\_\_\_

*\*Design-Build must include total contract amount for both design and build phase of project.*

35% of Total Dollar Amount of Contract: \$ \_\_\_\_\_  
 Total Amount of All SBE/CBE subcontracts: \$ \_\_\_\_\_  
 (include every lower tier)

**PRIVATE PROJECT**

District Subsidy: \_\_\_\_\_  
 Agency Providing Subsidy: \_\_\_\_\_  
 Amount of District Subsidy: \_\_\_\_\_  
 Date District Subsidy Provided: \_\_\_\_\_

Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Total Development Project Budget: \$ \_\_\_\_\_  
 (include pre-construction and construction costs)  
 35% of Total Development Project Budget: \$ \_\_\_\_\_  
 Total Amount of All SBE/CBE subcontracts: \$ \_\_\_\_\_  
 (include every lower tier)



**SBE/ CBE SUBCONTRACTORS (FOR EACH TIER):**

**SBE/ CBE SUBCONTRACTOR INFORMATION:** *(For design-build projects, the SBE Subcontracting Plan is not required to be submitted for preconstruction services; however, a full SBE Subcontracting Plan (35% of the contract amount **including total design and build costs**) is required to be submitted before entering into a guaranteed maximum price or contract authorizing construction.)*

SBE/ CBE Company	Address/Telephone No./ Email	Subcontractor Tier (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.)	Description of Subcontract scope of work to be PERFORMED WITH SBE/CBEs OWN ORGANIZATION & RESOURCES
_____	_____	<u>Select Tier</u>	_____

Period of subcontract: _____ Price to be paid to the SBE/CBE Subcontractor: \$_____	SBE/ CBE Point of Contact Name: _____ Title: _____ Telephone Number: _____ Email Address: _____
✓ <i>all that applies</i> , Subcontractor is: <input type="checkbox"/> a SBE <input type="checkbox"/> a CBE <input type="checkbox"/> CBE Certification #: _____ <input type="checkbox"/> SBE/CBE will perform the ENTIRE subcontract with its own organization and resources <input type="checkbox"/> SBE/CBE will subcontract a portion of the subcontract (MUST LIST EACH LOWER TIER SBE/ CBE SUBCONTRACTS)	

**SBE/ CBE SUBCONTRACTOR INFORMATION:** *(For design-build projects, the SBE Subcontracting Plan is not required to be submitted for preconstruction services; however, a full SBE Subcontracting Plan (35% of the contract amount **including total design and build costs**) is required to be submitted before entering into a guaranteed maximum price or contract authorizing construction.)*

SBE/ CBE Company	Address/Telephone No./ Email	Subcontractor Tier (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.)	Description of Subcontract scope of work to be PERFORMED WITH SBE/CBEs OWN ORGANIZATION & RESOURCES
_____	_____	<u>Select Tier</u>	_____

Period of subcontract: _____ Price to be paid to the SBE/CBE Subcontractor: \$_____	SBE/ CBE Point of Contact Name: _____ Title: _____ Telephone Number: _____ Email Address: _____
✓ <i>all that applies</i> , Subcontractor is: <input type="checkbox"/> a SBE <input type="checkbox"/> a CBE <input type="checkbox"/> CBE Certification # _____ <input type="checkbox"/> SBE/CBE will perform the ENTIRE subcontract with its own organization and resources <input type="checkbox"/> SBE/CBE will subcontract a portion of the subcontract (MUST LIST EACH LOWER TIER SBE/ CBE SUBCONTRACTS)	

I \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_ swear or affirm the above is true and accurate  
 (Name) (Title) (Prime Contractor/ Developer)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

**Complete additional copies as needed.**



**AGENCY CONTRACTING OFFICER'S USE ONLY** OR  **AGENCY PROJECT MANAGER'S USE ONLY**  
 (✓ which applies. Only one option should be selected.)

AGENCY CONTRACT AWARD	PRIVATE PROJECT SUBSIDY AWARD
Agency: _____ Prime Contractor: _____ Contract Number: _____ Date SBE Subcontracting Plan Accepted: _____ Date agency contract signed: _____  Anticipated Start Date of Contract: _____ Anticipated End Date of Contract: _____  Total Dollar Amount of Contract: \$ _____  <i>*Design-Build must include total contract amount for both design and build phase of project.</i>  35% of Total Contract Amount: \$ _____  Total Amount of All SBE/CBE subcontracts: \$ _____ <i>(include every tier)</i>  <input checked="" type="checkbox"/> if applies <input type="checkbox"/> Base Period Contract -- Option/Extension Period: _____ <input type="checkbox"/> Multi-year Contract First year (period) of Contract: _____ Current year (period) of Contract: _____ <input type="checkbox"/> Design-Build --Date of Guaranteed Contract: _____  <input type="checkbox"/> Check if prime contractor is a CBE and will perform the ENTIRE government-assisted project (agency contract) with its <i>own organization and resources and NOT subcontract any portion of services or goods.</i>	Agency Providing Subsidy: _____ District Subsidy: _____ Developer: _____ Amount of District Subsidy: _____ Date District Subsidy Provided/ contract signed: _____  Anticipated Start Date of Project: _____ Anticipated End Date of Project: _____  Project Name: _____ Project Address: _____  Total Development Project Budget: \$ _____ <i>(include pre-construction and construction costs)</i>  35% of Total Development Project Budget: \$ _____  Total Amount of All SBE/CBE subcontracts: \$ _____ <i>(include every lower tier)</i>  <input type="checkbox"/> Check if developer is a CBE and will perform the ENTIRE government-assisted project (private project) with its <i>own organization and resources and NOT subcontract any portion of services or goods.</i>

**AGENCY CONTRACTING OFFICER'S AFFIRMATION** OR  **AGENCY PROJECT MANAGER'S AFFIRMATION**  
 (✓ which applies)

The Below Agency Contracting Officer or Agency Project Manager Affirms the following (✓ to affirm):

- If the Beneficiary is a CBE, DSLBD was contacted to confirm Beneficiary's CBE certification;
- The fully executed Contract (Base or Option or Extension or Multi-Year) or subsidy document, between the Beneficiary and Agency, was emailed to DSLBD @ [Compliance.Enforcement@dc.gov](mailto:Compliance.Enforcement@dc.gov) within five (5) days of signing;
- FOR AGENCY CONTRACT** the SBE Subcontracting Plan, submitted by Beneficiary, was emailed to DSLBD @ [Compliance.Enforcement@dc.gov](mailto:Compliance.Enforcement@dc.gov) within five (5) days of signing the contract between the Beneficiary and Agency.

\_\_\_\_\_  
 Name of Agency Contracting Officer or Agency Project Manager

\_\_\_\_\_  
 Title of Agency Contracting Officer or Agency Project Manager

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date